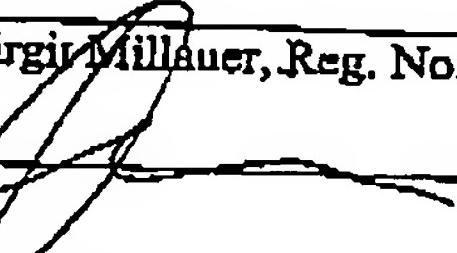


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<b>CHANGE OF CORRESPONDENCE ADDRESS</b> <i>Application</i> Address to: Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450		Application Number 10/551,004 Filing Date September 26, 2005 First Named Inventor Henning Walczak Art Unit Unassigned Examiner Name Unassigned Attorney Docket Number 045278-002000	
Please change the Correspondence Address for the above-identified application to: <input checked="" type="checkbox"/> Customer Number <span style="border: 1px solid black; padding: 2px;">22204</span> → <span style="margin-left: 20px;"><i>Place Customer Number Bar Code Label here</i></span> OR <span style="margin-left: 100px;"><i>Type Customer Number here</i></span>			
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I am the: <input type="checkbox"/> Applicant/Inventor <input type="checkbox"/> Assignee of record of the entire interest. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> Attorney or agent of record. <input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____			
Type or Printed Name <span style="border-bottom: 1px solid black; display: inline-block; width: 400px; height: 15px; vertical-align: middle;"></span>  Signature <span style="border-bottom: 1px solid black; display: inline-block; width: 400px; height: 15px; vertical-align: middle;"></span> Date January 4, 2007			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/> *Total of 1 form is submitted.			

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